



REQUEST FOR LICENSE CERTIFICATION

HEARING AID DISPENSERS AND DISPENSING AUDIOLOGISTS

This form must be completed to request verification of your license to another state or entity. **All requests must include the \$15.00 processing fee**, which may be submitted by either check or money order. If you are requesting more than one letter, please submit a separate form for each. (You may include one check for the total amount. Example: 3 requests = one \$45.00 check).

If you would like to have your verification sent by overnight mail, (UPS, FedEx, etc), a prepaid envelope must be included with your request. Otherwise, the verification will be sent by regular mail.

Please allow 3 weeks for your request to be processed.

Please Print:

LICENSEE INFORMATION:

NAME: _____

(Please provide name the license was issued under if different from current)

LICENSE TYPE: *(Check one)* ☐ HAD ☐ DAU **LICENSE NUMBER:** _____

LICENSE ISSUE DATE: _____ **EXPIRATION DATE:** _____

CONTACT PHONE #: _____

(Please include area code)

ADDRESS OF AGENCY:

(NAME OF BUSINESS, IF APPLICABLE)

(ATTENTION TO)

(STREET)

(CITY, STATE, ZIP CODE)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE: _____ **DATE:** _____